# **Bureau of Nutrition and Physical Activity Training Advisory Workgroup iLinc Minutes**

**Date:** Thursday, May 19, 2016 **Time:** 9:00AM - 10:00AM

**Location:** 1740-Conference Room 008

**Attendees:** 

Local Agencies: Nola Haynes, Sharon Grasso- Coconino; , Karla Alcantar, Martiza Garcia- Mariposa; Willa Miller-Yavapai; Brandon Boatman, Rosanna Ringer- Pinal; Sherrie Jameson, Diana Perez- St E's; Rachel Molina, Kim Reed-Mountain Park; Sandi Veitch- Yuma; Melissa Delfenthal- Marana; Emily Roy, Tasha Williams- Maricopa; Deborah

Conter-Mohave; Samatha Jerome- Gila; Brieanna Morales- Greenlee; Denise Gillett- Adelante

**ADHS:** Marlene Williams, Jaclyn Chamberlain, Brittany Klein, Shannon Murphy, Taffery Lowry, Maggie Mack, Emily Davis,

Gracie Speaker, Geni Acosta, Ben Hartley

Agenda Item:	Topics and Discussion:	
		Items:
eWIC Recap	eWIC is coming fast and furiously!	
	Need to think through training approach	
	• May 5 <sup>th</sup>	
	<ul> <li>Reviewed HANDS plan + evaluation</li> </ul>	
	<ul> <li>What worked, what could be better, what to consider</li> </ul>	
	<ul> <li>Reviewed other states' training plans</li> </ul>	
	<ul> <li>Discussed needs/inputs</li> </ul>	
	Realistic communication plan needed	
	<ul> <li>Varying opinions/needs regarding workbooks</li> </ul>	
	<ul> <li>Agreement on practice as real-life as possible</li> </ul>	
	Readiness Checklist	
	<ul> <li>Need for discussing some of the FAQs of EBT in general</li> </ul>	
	<ul> <li>How it works at the store and store training</li> </ul>	
	<ul><li>– PINs, Fraud, etc.</li></ul>	
	<ul> <li>Training for the stores is not within our control</li> </ul>	

Components of	Goal: An understanding/competence of eWIC in AZ and how to issue and educate	
Training	Need application and steps to be taken ahead of that	
	Experiential Learning Cycle	
	Concrete Experience	
	<ul> <li>Need to experience first-hand in some way</li> </ul>	
	Reflective Observation	
	<ul> <li>See and get a sense of what we are talking about</li> </ul>	
	Abstract Conceptualision	
	<ul> <li>Need to be able to think, process it, and apply to my life</li> </ul>	
	<ul> <li>What ifs and how to apply?</li> </ul>	
	Active Experimentation	
	<ul> <li>Go through the cycle and become more competent</li> </ul>	
	<ul> <li>What: What is changing- the screens, grocery story</li> </ul>	
	<ul> <li>So What: Why? What happens? Thinking about and processing</li> </ul>	
	Now What: What to do differently and practice?	
What Challenges	Expectations of what it takes to get there	
We Face	More on this in a minute	
	Competing Priorities	
	At State	
	At Local	
	In Clinic	
	Within an individual	
	Resources and Time	
I		

# **Expectations** Example London Describe all the elements of London Go to London to really be able to describe the experience Sounds great! Let's look at the reality about this How long does it take? Flying – fastest way to get there ■ Flight from PHX to London = 10 – 11 hours Expensive • May not have the money to send everyone to the same experience Limited # of first class/business class Coach is uncomfortable ■ Jet lag – some adjustment needed **Expectations:** Can we get there faster? • Would prefer as fast as possible - We've only got 2 hours Space shuttles - Not in our available resources Do we REALLY need to go? • Can we read a book about it? • May have to adjust expectations on how it would be communicated Analogy to eWIC: • Going to London Sitting in coach • Takes 10-11 hours

Flight to London is long

• Allow the time it takes to get there

Where We Are	How we educate families:					
Going:	Use of card in clinic and at store					
Anticipated	Setting up PIN/Changes					
Competencies for						
Check→ eWIC	Changes in food terminology that clients see					
Check / CVIC	- Example:					
	Current checks say:					
	– 18 OZ (16 TO 18 OZ) PEANUT BUTTER OR 1 LB DRY BEANS/PEAS/LENTILS OR					
	UP TO 64 OZ CANNED BEANS					
	Receipt MAY say:					
	The celept WAT say.  - 1 UNIT Beans/peas/Lentils or Peanut Butter					
	- So 1 Unit =					
	30 1 Offit =     A Cans Beans					
	» 16 oz Jar Peanut Butter					
	» OR 1 lb of Dry Beans					
	- If <u>1 CAN</u> (out of 4 )purchased:					
	» Receipt would say 0.75 Unit is left					
	- If Peanut Butter or 1 lb Beans Purchased  No. Respiratory and list on service.					
	» Receipt would not list or say 0					
Check → eWIC	Food Package Screen					
	Screen, voiding, reissuing					
	Will look different					
	Will select options in a drop down					
	IPN/IPN+ Tailoring					
	Refresher on how much to replace or take out					
	Can add more later					
	Will not put all into cyber space all that is needed					
	Using nice TV on the flight					
	<ul> <li>Learn to use it, but end up enjoying it</li> </ul>					
	Separation of Duties + Clinic Flow					
	Note: Policy is same					
		<u> </u>				

	<ul> <li>Person who hits print needs to be different than the person who did the income verification</li> <li>Benefits medium has changed</li> <li>If one person clinic, nothing has changed for you based on what you currently have going on for quality assurance</li> <li>No physical checks to hand out</li> </ul>			
Agreement	Requirements for These Competencies			
	Foundation Content			
	What			
	<ul> <li>Demonstration</li> </ul>			
	<ul> <li>How eWIC is different and why</li> </ul>			
	<ul> <li>Policies and information</li> </ul>			
	o Proximity to roll-out			
	Staff role			
	Processing of Info			
	Reflection and discussion			
	Case Studies and Application			
	Practice			
	Problem solving scenarios			
	Need foundational stuff first			
	Limited Resources			
	Time and Money			
	For Locals			
	<ul> <li>Availability of staff and trainers in the clinic</li> </ul>			
	<ul> <li>Inability to shut down clinics for lengthy time frame (preferably minimal as possible)</li> </ul>			
	o Travel cost			
	For State			
	<ul> <li>Limited number of available staff to work on materials and/or train</li> </ul>			
	<ul> <li>Other projects/staffing shortage</li> </ul>			
	<ul> <li>Inability to control when info is available to develop</li> </ul>			
	<ul> <li>We are not the developers of HANDS</li> </ul>			

	<ul> <li>Will have uncertainty</li> <li>CMA/HANDS Functionality</li> <li>CDP</li> <li>Pilot Project</li> <li>Limited budget and various mediums may take large chunk of resources</li> </ul>	
eWIC Training Menu	Choose an Entrée + Side  • Purpose is to provide "meat"/ high protein source or primary competency delivery  • Method of delivery  • Entrée will have a side of follow up/roll-out support  • Except entrée #3  • Each comes with a benefit and cost  • Entrées 1 and 2 also come with a Train-the-Trainer  • Readiness Checklist included in all  • All prep work that we can will be done  Entrée #1	
	<ul> <li>Share training- State and Local Agency Staff</li> <li>Every individual would need to fill out the PDF/ Need that data</li> <li>Message is not tailored to individual clinic/ not able to accommodate on the PDF and webinar</li> <li>Not made for individual needs</li> <li>General message</li> </ul>	

Entrée # 1 – Shared Clinic/Local	PROS	CONS
Foundational Content: State Provided Webinars + Accompanying Workbook in form of PDF	Consistent message → Front Line  Track learners input and completion	Message not tailored  No guarantee of opportunity to ask questions with trainer
Processing and Reflection: Workbook PDF	Good for Visual Learners (some Auditory)	Processing and Reflection may be limited without facilitation
<u>Practice</u> : Training Database + Activities in Workbook PDF		Auditory may need some in-person instruction

## Entrée #2

- Make content more flexible than in the HANDS workbook
- Choose your own adventure materials
- Do we do a webinar? No fillable PDF- video?
- More flexibility in choosing the content mediums potentially
- Workbook activities
- Inservice Activities to train individually with your staff
- Meets best practice more than any others

<ul> <li>Adults learners work best when in the context of their real life</li> <li>Lion share of work in the local agency</li> <li>Initial general message may not be consistent due to being adjusted per agency</li> <li>Better coordination needed between state and local agency</li> </ul>		
Entrée #2 – Local Focus/HANDS Model	PROS	CONS
Foundational Content: State Provided Materials – Adjusted and Implemented by Local Agency Trainers (in-service vs one-on-one, etc.) - Webinar? Video? - Workbook + Additional	Adults prefer to have a role in their own training development  Allows for more local agency experience/personalization	Not all staff receive same exact message  No consistent feedback on completion and understanding
<u>Processing and Reflection</u> : Local Agency Facilitated + Workbook		
<u>Practice</u> : Training Database + Activities in Workbook		

Side #1 – HANDS Model	Side #2 – Oregon Model
Refresher Training ON SITE + Support ON SITE w/ Local Trainer	Refresher Training Done Regionally by State Trainers
Pros: As close to roll-out as possible, State staff present on site for 1 – 2 days	Pros: More Consistent Message and Policy Experts Available
Cons: Requires more State trainers (Not consistent or all policy experts)	Cons: 1 week prior to roll/out Not as much availability – NO ON-SITE SUPPORT More time out of clinic ~ 1 day

#### Side #1 and Side #2

• The focus is on the availability and expertise of State staff: Each expert in area, but not experts in everything - prioritizing which expertise area would be most helpful

## Side #1 - HANDS approach

- Provides refresher training as close to roll out as possible + on-site support
- On-site support may not all be policy experts
- In the chaos, may not know the answer in the clinic
- Local agency trainer would be key to help facilitate

## Side #2

- Oregon did a series of trainings regionally- came 1 week before the rollout for the refresher
  - o Was one day
  - o Top policy peeps and top trainers
  - More consistent message
  - o Follow up may be needed
  - o People cannot hop on their own station in the computer

- Takes time out of the clinic
- Key people out during these sessions- will not be able to send back into the clinic (no onsite support)
- Won't be without a support avenue, but person may not be in the clinic (text, phone)

### Entrée #3

- Done in person
- Regional training
- As close as possible to the day of roll out
- More days per region
- More time out of the clinic
- Consistent message- same group of state trainers
- HANDS on practice may be limited (computer set up space, etc)
- No on-site support

	Entrée #3 – State Provided NO SIDE	PROS	CONS	
	Foundational Content: State Provided Demo and Materials – Provided in Regional Trainings Over 2 Days about 1 week or so prior to roll- out	Consistent message from State Trainers (as humanly possible) Local Agency Burden lessened	Requires Clinic Closure – 2 days Limited Availability of State Trainers – NO ON- SITE SUPPORT	
	Processing and Reflection: State Facilitated Discussion In- Person	In-person more effective method of delivery	Local Agency Trainers attend with learners (we could do webinars for trainers leading up)	
	<u>Practice</u> : May have to be done in pairs or groups or back in clinic		Potentially limited ability to practice/access to computers  Travel regionally required	
What Do You Do?	<ul><li>Pilot planned in spring</li><li>Rest of state- late sun</li></ul>	ou have? nsidered? f, Tuscon, Yuma at minimum g, early summer of FFY17 nmer and early fall y potential issues, bugs, or ite	ms that come up	

	<ul> <li>Will look at our options</li> <li>Infancy of HANDS working with eWIC, normal to have bugs</li> <li>June: <ul> <li>Provide Maximus Report from Other States</li> <li>Discuss your questions</li> </ul> </li> <li>July: <ul> <li>Vote</li> <li>Decision Matrix</li> <li>Have these conversations with your director before the vote</li> <li>Will go back to directors and Bureau Chief for final approval</li> </ul> </li> </ul>	
Updates/Next Call Agenda	Certificates of Completion Billy- Lifecycle of a Bug, Determining if an item is a bug Bootcamp- in development, procuring location for September date. Will go out in email once secured.	Send any questions in general to Jaclyn
Next Meeting	Thursday, June 16 9:00 AM – 10:00 AM	